

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **10 509885**  
FILING DATE  
APPLICANT

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
8		1					58						
9		1					59						
10		1					60						
11		1					61						
12		1					62						
13		1					63						
14		1					64						
15		1					65						
16		1					66						
17		1					67						
18		1					68						
19		1					69						
20		1					70						
21		1					71						
22		1					72						
23	1						73						
24		1					74						
25		2					75						
26		1					76						
27		1					77						
28	1						78						
29		1					79						
30		2					80						
31	1						81						
32		1					82						
33		2					83						
34		1					84						
35		1					85						
36	1						86						
37		1					87						
38		2					88						
39		1					89						
40		1					90						
41		1					91						
42	1						92						
43		1					93						
44	1						94						
45		1					95						
46		2					96						
47		2					97						
48		1					98						
49		1					99						
50		1					100						
TOTAL IND.	7	↓		↓		↓	TOTAL IND.	0	↓		↓		↓
TOTAL DEP.	57	←		←		←	TOTAL DEP.	2	←		←		←
TOTAL CLAIMS	64						TOTAL CLAIMS	2					